

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <u>0 1 - 0 0 1</u>	2. STATE: New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2001	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A)(ii)(XIII) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$7,614,800 b. FFY 2002 \$15,136,600
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: (see #9)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2 - A page 23d Attachment 2.6 - A pages 12c and 12m Supplement 8a to Attachment 2.6 - A pages 3a Supplement 8b to Attachment 2.6 - A page 1

10. SUBJECT OF AMENDMENT:

Access to Medicaid Services for Working Disabled Individuals

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robert T. Maruca by Albert

13. TYPED NAME:

Robert T. Maruca

14. TITLE:

Director, Medical Assistance Division

15. DATE SUBMITTED:

January 16, 2001

16. RETURN TO:

Robert T. Maruca, Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 24, 2001	18. DATE APPROVED: January 17, 2001
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2001	
20. SIGNATURE OF REGIONAL OFFICIAL: <i>Calvin G. Cline</i>	21. TYPED NAME: Calvin G. Cline
22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	

23. REMARKS:

Revision:

ATTACHMENT 2.2-A

PAGE 23d

OMB NO.:

State/Territory: NEW MEXICO

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIII) of the Act

☒

23.

BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A

1902(a)(10)(A)
(ii)(XV) of the Act

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24.

TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.

1902(a)(10)(A)
(ii)(XVI) of the Act

☐

25.

TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

TN No. 01-01

Supersedes

Approval Date 04-17-01

Effective Date 01-01-01

TN No. ~~SUPERSEDED~~: NONE - NEW PAGE

HCFA ID:

STATE <u>New Mexico</u>	A
DATE REC'D <u>01-24-01</u>	
DATE APPV'D <u>04-17-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-01</u>	

Revision:

ATTACHMENT 2.6-A

Page 12c

OMB No.:

State/Territory: NEW MEXICO

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	<p>(i) <u>Working Individuals with Disabilities - BBA</u></p> <p>In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:</p> <p>_____ The methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A.</p> <p><u>X</u> The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p>

TN No. 01-01

Supersedes

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Approval Date 04-17-01

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STATE <u>New Mexico</u>	A
DATE REC'D <u>01-24-01</u>	
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DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-01</u>	

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

State/Territory: NEW MEXICO

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	<u>Payment of Premiums or Other Cost Sharing Charges</u>

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

- X The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

Cost-sharing will be in the form of copayments to be collected by providers at the time of service as follows:

\$ 5 per outpatient visit, other practitioner visit, clinic visit, urgent care visit, outpatient therapy session or behavioral health session.

\$ 5 per dental visit

\$15 per emergency room visit

\$25 per inpatient hospital admission

\$ 2 per prescription, applies to prescription and nonprescription drug items

Native Americans are exempt from copayments.

The state also has a maximum copayment amount, after which the recipient will no longer have a copayment requirement for the remainder of the calendar year.

The copayment maximum amounts are:

\$600 for an individual with income under 100% of the Federal Poverty Income Guideline (PFL), and \$1500 for an individual with income between 100% and 250% of the FPL.

TN No. 01-01

Supersedes

Approval Date 04-17-01

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~~SUPERSEDED~~ NONE - NEW PAGE

STATE <u>New Mexico</u>	A
DATE REC'D <u>01-24-01</u>	
DATE REV'D <u>04-17-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-01</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(2) OF THE ACT

// Section 1902 (f) state ☒ Non-section 1902 (f) state

4) For Working Disabled Individuals Medicaid group, an amount equal to the current SSI FBR is disregarded for purposes of the second step in the income eligibility determination process (i.e., the individual must meet SSI income criteria when the individual's earnings are disregarded).

5) For Working Disabled Individuals Medicaid group, work-related expenses for the disabled and for the blind will be deducted after the "½ of the remainder of the earnings" deduction is applied.

SUPERSEDED: NONE - NEW PAGE

STATE <u>New Mexico</u>	A
DATE REC'D <u>01-24-01</u>	
DATE APPV'D <u>04-17-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-01</u>	

Revision: HCFA-PM-91-1 (ADD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(f)(2) OF THE ACT

☒ Section 1902(f) State

☒ Non-Section 1902(f) State

New Mexico will disregard all resources for qualified children as described in Attachment 2.2-A, pages 4 and 4a.

New Mexico will disregard resources as follows for the Working Disabled Who Buy In to Medicaid group:

All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement accounts such as 401(k) plans, Keogh plans, and employer pension plans.

The first \$8,000 in countable resources other than retirement funds and accounts for a single individual, and the first \$13,000 in countable resources other than retirement funds and accounts for a married individual.

SUPERSEDES: TN - 95-30

STATE <u>New Mexico</u>	A
DATE REC'D <u>01-24-01</u>	
DATE APPV'D <u>04-17-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-01</u>	